

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 8/14/01 2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	9	7/23/01	\$ 695.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

	7 TOTAL AMOUNT OF REFUND	\$ 695.00
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10 REASON:	8 TO BE REFUNDED BY:
Overpayment	Treasury Check
Duplicate Payment	Credit Deposit A/C #:
X No Fee Due (Explanation):	9 <u>16--0478</u>

Time D MAXED OUT
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11 REFUND REQUESTED BY:	TYPED/PRINTED NAME: <u>Charles Grant</u>	TITLE: <u>Attorney</u>
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SIGNATURE: <u>Charles Grant</u>	PHONE: <u>301-0281</u>
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OFFICE: <u>Pitts</u>
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APPROVED: Diana Chase DATE: 8-17-01

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: